

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Doctor Number (optional) 4228-13
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: Advanced Fiber Technologies (AFT) Trust and the title of my position with said assignee is: <u>Vice President, TECHNOLOGY</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor Frey A. Frejborg	Citizenship Finland	
Residence/Mailing Address 55 Helen Drive, Queensbury, New York 12804		
Inventor Lassi J. Halonen	Citizenship Finland	
Residence/Mailing Address 34 Old Mill Lane, Queensbury, New York 12804		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number 3,200,072	Date of Patent Issued April 6, 1993	
Title of Invention SCREEN PLATES AND METHODS OF MANUFACTURE		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: SCREEN PLATES AND METHODS OF MANUFACTURE		
the specification of which		
<input checked="" type="checkbox"/> is attached hereto		
<input type="checkbox"/> was filed on _____ as reissue application number _____ and was amended on _____ (if applicable)		
I have reviewed and understood the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verify belief the original patent to be wholly or partly nonoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors.		

Notice Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Mail Stop Customer Process, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Science, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 4728-13				
<p>All legal error upon which reissue is based is described as follows:</p> <p>Certain further features of the invention could and should have been claimed at least in dependent claims to clarify the scope of the invention and further distinguish the invention from the prior art. These errors were discovered during a review of the patent in light of potential litigation.</p>						
<p>(Leave additional space, if needed.)</p> <p>All errors which are being corrected in this reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.</p>						
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name(s)</td> <td style="width: 60%;">Registration Number</td> </tr> <tr> <td colspan="2">Alan M. Kagen, Reg. No. 36,178 and the attorneys of: Customer Number 23117, individually and collectively</td> </tr> </table>			Name(s)	Registration Number	Alan M. Kagen, Reg. No. 36,178 and the attorneys of: Customer Number 23117, individually and collectively	
Name(s)	Registration Number					
Alan M. Kagen, Reg. No. 36,178 and the attorneys of: Customer Number 23117, individually and collectively						
CORRESPONDENCE ADDRESS						
<p>Direct all correspondence to:</p> <p><input checked="" type="checkbox"/> Customer Number: 23117</p> <p>Type Customer Number here → </p>						
<p><input checked="" type="checkbox"/> Firm or individual Name Nixon & Vanderhye P.C.</p>						
<p>Address 1100 N. Globe Road, 8th Floor</p>						
City	Arlington	State				
Country	U.S.A.					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>						
<p>Full name of person signing (given name, family name) Robert W. Gooding</p>						
Signature 	Date SEPT. 4, 2003					
<p>Address of Assignee Advanced Fiber Technologies (AFT) Trust 4635 Patricia Avenue Montreal, Quebec H4B 1Z2 CANADA</p>						